

L08000065719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

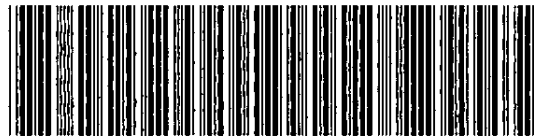
Special Instructions to Filing Officer:

A. LUNT

JUL - 8 2008

EXAMINER

Office Use Only



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2008 JUL - 7 P 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

W08-29346

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lady's Care, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francisco J. Leon

(Name of Person)

Femwell Group Health

(Firm/Company)

3225 Aviation Avenue, suite

(Address)

Miami, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Francisco Leon at (305) 273.4641

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
JUL -7 P 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2008

FRANCISCO J. LEON
~~FERNWELL GROUP HEALTH~~ VitalMD Group Holding
3225 AVIATION AVENUE, SUITE 700
MIAMI, FL 33133

SUBJECT: LADY'S CARE, LLC
Ref. Number: W08000029346

We have received your document for LADY'S CARE, LLC and your check totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #P07000011885, LADY'S CARE, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

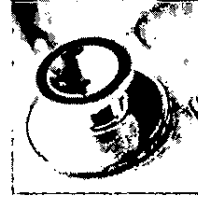
If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 308A00036922

2008 JUN 17 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



vitalMD
Group Holding LLC.

P.O. Box 43-2040 • Miami, FL 33243-2040
P 305.273.4641 • F 305.273.9994

July 2, 2008

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2008 JUL -7 P 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
VIA MAIL

Ref Number: W08000029346

Ladies and Gentleman:

This letter shall serve to resubmit documents for the new Limited Liability Company with the name of LADY'S CARE CENTER, LLC. Enclosed you will find the documents with the appropriate corrections made. The name of the firm making this request should be VITALMD Group Holding, not Fernwell Group Health.

Sincerely,

Francisco J. Leon
Executive Director

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lady's care center, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3000 SW 148th Avenue
Suite B
Miramar, FL 33027

Mailing Address:

3225 Aviation Avenue
Suite 700
Miami, FL 33133

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Mitch Yelen

Name

3225 Aviation Avenue, Suite 500

Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33133

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Mitch Yelen

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2008 JUL - 1 P 2: 40
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TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

Robert E. Boyett, MD
3225 Aviation Avenue suite 700
Miami, FL 33133

2018 JUL -7 P 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

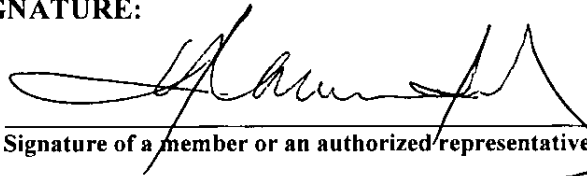
FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Francisco J. Leon

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)